2615

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450

Alexandria, Virginia 22313-1450

or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

FILING DATE

28061

APPLICATION NO.

7590

11/02/2006

THEODORE J. BIELEN JR. 1390 WILLOW PASS ROAD **SUITE 1020** CONCORD, CA 94520

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

| Connie | L. Summer | (Depusitor's name) |
|----------------------|---------------------|--------------------|
| Connie | | |
| 02 Fet | Mary 200 | 7 (Date) |
| FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |

08/833,506 04/07/1997 ROBERT WEBBER 14291 TITLE OF INVENTION: IMMUNOASSAY METHOD EMPLOYING MONOCLONAL ANTIBODY REACTIVE TO HUMAN INOS

| | T | | | | | |
|---|--|--|--|--|--|--|
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$700 | \$0 | | | |
| EXAM | IINER | ART UNIT | CLASS-SUBCLASS | \$92/92/2007 MGEDA2720 66666666 0883 01 FC:2361 6883 | | 68833506 |
| HUFF, SHEET | .A JITENDRA | 1643 | 435-007900 | | | 700.00 OP |
| Change of correspond R 1.363). | ence address or indication | n of "Fee Address" (37 | 2. For printing on the pa | atent front page, list | | - 01 1 |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | |
| ☐ "Fee Address" ind. | ication (or "Fee Address" | 17_3! 6 | (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | |
| ASSIGNEE NAME A | ND RESIDENCE DATA | TO BE PRINTED ON | THE PATENT (print or type | e) | | |
| PLEASE NOTE: Unl recordation as set forti | ess an assignee is identi | fied below, no assignee | data will appear on the part a substitute for filing an a | tent. If an assignee is ide | ntified below, the docum | ent has been filed for |
| (A) NAME OF ASSIC | INEE | | (B) RESIDENCE: (CITY: | ssignment. | | |
| The following fee(s) a | re submitted: | | Phyment of Fee(s): (Plense A check is enclosed. | | usty paid issue fee show | |
| Advance Order - # | of Copies | | Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-3935 (enclose an extra copy of this form) | | | |
| 🗀 a. Applicant claims | 18 (from status indicated SMALL ENTITY status | above) . Sec 37 CFR 1 27 | ☐ h Applicant is no longe | - alaimin - Chart T Domm | | |
| TE: The Issue Fee and rest as shown by the re | Publication Fee (if requi cords of the United State | red) will not be accepted a Patent and Trademark | from anyone other than the Office. | applicant; a registered atto | orney or agent; or the assig | nee or other party in |
| Authorized Signature _ | | Sully | , | | 1 | 07 |
| | Theodore J | | 14 | Registration No. 2 | 1.420 | |
| collection of informat pplication. Confidentia nitting the completed a form and/or suggestion 1450, Alexandria, Vir | ion is required by 37 CFI lity is governed by 35 U application form to the U as for reducing this burde ginia 22313-1450. DO N | R 1.311. The information .S.C. 122 and 37 CFR 1. ISPTO. Time will vary den, should be sent to the ROT SEND FEES OR CO | is required to obtain or reta 14. This collection is estim lepending upon the individu Chief Information Officer, OMPLETED FORMS TO T | in a benefit by the public valed to take 12 minutes to take 12 minutes to tall case. Any comments of U.S. Patent and Trademark HIS ADDRESS, SEND T | which is to file (and by the complete, including gather in the amount of time you c Office, U.S. Department O: Commissioner for Park | USPTO to process) ering, preparing, and require to complete of Commerce, P.O. |

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.